

Related Change Request (CR) #: 3196

MLN Matters Number: MM3196

Related CR Release Date: April 30, 2004

Related CR Transmittal #: 163

Effective Date: October 1, 2004

Implementation Date: October 4, 2004

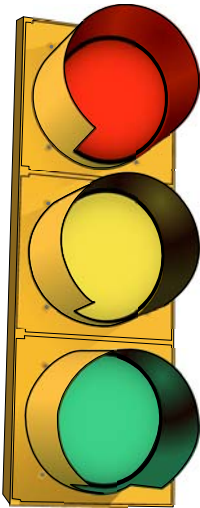
## *Change to the Skilled Nursing Facility Consolidated Billing Edits for Ambulance Transports to and from a Diagnostic or Therapeutic Site other than a Hospital*

**Note:** This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Skilled Nursing Facilities (SNF) and suppliers of ambulance services

### Provider Action Needed



#### **STOP – Impact to You**

Your claim will be denied for ambulance transportation of a Medicare beneficiary in a Part A SNF stay to or from a diagnostic or therapeutic center other than a hospital.

#### **CAUTION – What You Need to Know**

Ambulance transports of beneficiaries in Part A SNF stays are considered to be paid as part of the SNF prospective payment system (PPS) rate, and may not be billed as Part B services to the carrier, except in specific instances. Effective October 1, 2004, your carrier has been instructed to deny your Part B claims for ambulance transports of your Medicare Part A residents to or from a diagnostic or therapeutic site other than a hospital (e.g., a non-hospital setting, such as an independent diagnostic testing facility (IDTF), or a freestanding cancer center, radiation therapy center, or wound care center).

#### **GO – What You Need to Do**

Make sure your billing staff are aware that, for beneficiaries in a Part A stay, a separate Part B claim for the ambulance transport of Medicare Part A residents to or from a diagnostic or therapeutic center other than a hospital will be denied.

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

Section 4432(b) of the Balanced Budget Act (BBA) requires consolidating billing (CB) for SNFs. Under the CB requirement, the SNF must submit all Medicare claims for all the services its residents receive under Part A (except for certain excluded services). In addition, the SNF must also submit Medicare claims for all physical and occupational therapies, and speech-language pathology services its residents receive under Part B.

All Medicare-covered Part A services that are deemed to be within a SNF's scope or capability are considered paid in the SNF PPS rate. As mentioned above, ambulance transports to or from diagnostic or therapeutic sites other than a hospital are considered paid in the SNF PPS rate and may **not** be billed as Part B services to the carrier.

In addition, please note that transport of beneficiaries in Part A stays from one SNF to another before midnight of the same day is also included in the SNF PPS rate and may **not** be billed separately as a Part B service. In this instance, payment is bundled in the first SNF's PPS rate and it is responsible for the costs of the transport.

Please note that this change does not replace existing CB policies as they relate to Critical Access Hospitals (CAHs) and End-Stage Renal Disease (ESRD) facilities.

## Additional Information

You can find additional material related to this CR at

<http://www.cms.hhs.gov/transmittals/Downloads/R163CP.pdf> on the CMS web site.

Attached to that CR, you can find the revised Medicare manual pages for the *Medicare Claims Processing Manual (Publication 100-4)*, *Chapter 6, Section 20.3.1 – Ambulance Services*, and *Chapter 15, Section 30.2.3 – SNF Billing*. These pages will provide further detail on this issue.

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